PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

ippropriate. All further indicated unless correcte maintenance fee notificat	ed below or directed oth	nerwise in Block 1, by (a	a) specifying a new co	orresi	pondence address;	and/or	(b) indicating a separ	ate "FE	E ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) .					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
35693 7590 10/17/2006 THE SONI LAW FIRM 55 S. LAKE AVE SUITE 720 PASADENA, CA 91101					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
			[(Depositor's name)	
									(Signature)	
									(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT		OR ATTO		RNEY DOCKET NO.	CONFIRMATION NO.		
10/764,029	764,029 01/22/2004		Carl Cetera			SS-108		7946		
TITLE OF INVENTION	: CLIP WITH SLIDABI			T	ethiologica, et a sei et a de cologica de la cologica del cologica de la cologica de la cologica del cologica de la cologica del la cologica del la cologica de la cologica del la cologica de la cologic					
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	<u> </u>	DATE DUE	
nonprovisional	YES	\$700	\$300		\$0		\$1000		01/17/2007	
EXAMINER		ART UNIT	CLASS-SUBCLAS							
WALCZAK, DAVID J		3751	401-131000							
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. CASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			or agents OR, alteri (2) the name of a s registered attorney 2 registered patent listed, no name wil	of up to 3 registered patent attorneys Iternatively, a single firm (having as a member a new or agent) and the names of up to ent attorneys or agents. If no name is will be printed. 1THE SONI LAW FIRM 2 3						
PLEASE NOTE: Unl recordation as set forti (A) NAME OF ASSIC otapaxi Cus	ess an assignee is ident h in 37 CFR 3.11. Comp GNEE stom Design	ified below, no assignee pletion of this form is NO and Manufa categories (will not be pr	data will appear on the T a substitute for filing (B) RESIDENCE: (Cacturing, I	ne pa g an a CITY	tent. If an assigne issignment. and STATE OR C	OUNT)	_{RY)} Carlstadt,	NJ		
a. The following fec(s) a Issue Fee Publication Fee (N Advance Order - #	 D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) □ A check is enclosed. □ Payment by credit card Fried Fried									
a. Applicant claims	tus (from status indicate s SMALL ENTITY statu	ıs. See 37 CFR 1.27.	* *	_			TITY status. See 37 CF			
nterest as shown by the r	ecords of the United Sta	uired) will not be accepted tes Patent and Trademark	u from anyone other the Office.	an th	e applicant; a regis	sierea a	atomey or agent; or the	assigne	se or omer party in	
Authorized Signature			Date	/8	107					
Typed or printed name	Stephe:	n T. Bang			Registration N	o	48,926		NA PORTONIA MININA MINI	
his collection of informa n application. Confident ubmitting the completed his form and/or suggestion	ation is required by 37 Chality is governed by 35 I application form to the ons for reducing this bu	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the	on is required to obtain 1.14. This collection is depending upon the in c Chief Information Of	or restindivi	etain a benefit by the mated to take 12 ndual case. Any con- try U.S. Patent and T.	ne publi ninutes mments Fradem	to which is to file (and to complete, including s on the amount of tim ark Office, U.S. Depar	by the Use gathering you return the contract the contract to the contract the contr	JSPTO to process) ng, preparing, and equire to complete of Commerce, P.O.	

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.